

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 12-30-2010

**Address:** 322 1/2 W Broadway

**Case #:** 161/20210

Logansport IN, 46947

**County:** Cass

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other:  
N/A

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): bathroom  
☐ Red Phosphorous/Iodine Reaction(s): N/A  
☒ Flammable Solvents: 1<sup>st</sup> floor  
☐ Water Reactive Metal (Lithium): N/A  
☐ Anhydrous Ammonia: N/A  
☐ Hydrochloric Acid Gas Generator(s): N/A  
☒ Corrosive Acid: first floor  
☒ Corrosive Base: first floor  
☐ Other (item and location): N/A

## **Child under age 18 discovered** (check one)

- ☐ Yes N/A (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: Cass Co. Drug Task Force

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: Cass County

Fax: (574)722-3842

Health Department: Cass County

Fax: (574)753-7039

Fax: \_\_\_\_\_

Child Protection Service: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Joshua Maller

Phone (765) 473-6666

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.